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COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

JWB EQUI	ITY HOLDINGS LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fec(s) are sub	emitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JOHN W BIEGALSKI		
	<u> </u>	Name of Person	
	JWB EQUITY HOLDING	68 LLC	
		Firm/Company	
	159 23RD STREET		
		Address	
	AVALON NJ 08202		
		City/State and Zip Code	
	BIEGALSKLJOHN@GMA		
	E-mail address: (to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	all:	
JOHN BIEGALSKI		215 370-0722	
Name o	f Person	at ()	e Telephone Number
Enclosed is a check for th	ne following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		<u>Street Address:</u> Registration Se	ction
Division of C	orporations	Division of Cor	porations
P.O. Box 632	7	The Centre of T	'allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JWB EQUITY HOLDINGS LLC

FILED 2024 APR 10 Dw 2: 54

(Name of the Limited Liability	Company as it now appears on our records.). Limited Liability Company)
(A Fiorida L	All Arthur Maria
The Articles of Organization for this Limited Liability Co	Company as it now appears on our records.) Limited Liability Company) Add Add Add Add Add Add Add Add Add Ad
	and assigned
Florida document number L23000003613	_•
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	ed liability company here:
SEVEN MILE REAL ESTATE PARTNERS LLC	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Face	
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRE	<u></u>
Enter new mailing address, if applicable:	
*	
(Mailing address MAY BE A POST OFFICE BOX)	
	office address on our records, enter the name of the new registered
agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	. Florida
	City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			🗀 Add
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